

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		APPENDIX AMENDMENT		APPENDIX AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	11					
14	1					
15	1					
16	2					
17	12					
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50						
TOTAL IND.	3					
TOTAL DEP.	36					
TOTAL CLAIMS	39					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						